

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-012878

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **310**

Primary Registration District No. **3058**

Registrar's No. **17**

FILED MAR 21 1963

VS:300
Rev. 4/59

0928
8920

3

4 0

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6

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99191

10 3

11 092

12 1-0

13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) Saint Charles		c. CITY OR TOWN Rural-Dardenne twsp.	
c. FULL NAME OF (If NOT in hospital, give location) St. Joseph's Hospital		d. STREET ADDRESS (If outside, give location) O'Fallon, Hills	
3. NAME OF DECEASED (Type or print) GARY Oliver		4. DATE OF DEATH March 10, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/24/1952
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL	
11. BIRTHPLACE (City and state or country) Campbell, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Cloys Oliver		13b. MOTHER'S MAIDEN NAME Murrel TAYLOR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. CLOYs OLIVER, O'FALLON, Mo.	
17. INFORMANT CLOYs OLIVER, O'FALLON, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhagic shock Interval between onset and death 1 hour Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bullet wound of abdomen Interval between onset and death 1 1/2 hours DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot by neighbor boy with .25 cal handgun		20c. TIME OF INJURY Hour 10:30 a.m. p.m. Month, Day, Year 3-10-63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm field	
20f. CITY, TOWN, OR LOCATION near O'Fallon		COUNTY St. Charles STATE Mo.	
21. I attended the deceased from 3-10-63 Noon to 1100 p.m. and last saw him alive on 12:30 p.m. Death, occurred at 1:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Earl J. Wylfe, Jr., Ch. D.	
22b. ADDRESS 222 S. Second St. Charles, Mo.		22c. DATE SIGNED 3-11-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/11/63	
23c. NAME OF CEMETERY OR CREMATORY LOCAL CEMETERY		23d. LOCATION (City, town, or county) (State) Campbell Mo.	
24. FUNERAL DIRECTOR LANDESS FUNERAL HOME, Campbell, Mo.		25. DATE REC'D. BY LOCAL REG. 3-11-63	
26. REGISTRAR'S SIGNATURE Murrel Wilson			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

APR 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley H. Aifon

Licensed Embalmer No. 4193

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.